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mem.
MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. 341A		Registered No. 999	
County <u>Yavapai</u> State <u>Arizona</u>				Township _____ or Village _____			
City <u>Prescott</u> No. <u>Pioneer Home</u> St. _____ Ward _____				(If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.							
2. FULL NAME <u>Robert Connell Sr.</u>				(a) Residence: No. <u>Pioneer Home</u> St. _____ Ward _____			
(Usual place of abode)				(If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>		21. DATE OF DEATH (month, day, and year) <u>Apr. 16, 1932</u>	
6a. If married, widowed, or divorced HUSBAND of <u>Lucrecia Ellen Connell</u> (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>April 12, 1932</u> to <u>April 16, 1932</u>			
6. DATE OF BIRTH (month, day, and year) <u>Aug. 13, 1846</u>				I last saw him alive on <u>April 16, 1932</u> ; death is said to have occurred on the date stated above, at <u>7:30 p.m.</u>			
7. AGE		Years <u>85</u> Months <u>8</u> Days <u>3</u>		If LESS than 1 day, _____ hrs. or _____ min.		The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>		11. Total time (years) spent in this occupation <u>Unknown</u>	
12. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Arkansas</u>				Other contributory causes of importance: <u>Arterio Sclerosis</u> 1910.			
13. NAME <u>Robert S. Connell</u>				Name of operation _____ Date of _____			
14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Tennessee</u>				What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>			
15. MAIDEN NAME <u>Maria Walker</u>				23. If death was due to external causes (violence) fill in also the following: <u>1070</u>			
16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Arkansas</u>				Accident, suicide, or homicide _____ Date of injury _____, 19____			
17. INFORMANT <u>Mrs. R. C. Cartmel,</u> (Address) <u>Jerome, Arizona.</u>				Where did injury occur _____ (Specify city or town, county and State)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Prescott, Arizona</u> Date <u>4/19/1932</u>				Specify whether injury occurred in industry, in home, or in public place.			
19. UNDERTAKER <u>Harry B. Southworth</u> (Address) <u>Prescott, Arizona.</u>				Manner of injury _____			
Registrar.				Nature of injury _____			
				24. Was disease or injury in any way related to occupation of deceased? _____			
				If so, specify _____			
				(Signed) <u>Joe P. McVee</u> M. D.			
				(Address) <u>Prescott, Arizona.</u>			